U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5

3. Name and address of person filing.

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / .1 /

4. Name, file number, and address of labor organization.

2004 Through: 12 / 31 /

Name Victor	G White		Name	Carpenters 1	and District	Council		
			Labor	Organization File No	umber 533-902	2		
P.O. Box, Bldg., Room No., if any P.O. Box 4134			P.O. I	P.O. Box, Building and Room Number, if any				
Street 120 Southview St.			Street	Street 2544 elm hill pike				
City Chattanoo	ity Chattanooga			City Nashville				
State Tennessee	ZI	P Code + 4 37405	State	Tennessee		ZIP Code + 4 372	14	
5. Position in labor org	anization. Marketing	Representative						
Enter appropriate	data below If, during the pa	st fiscal year, you or your except as specified in the				f the following interests	<b>S</b>	
A. Held an interest in monetary value fron	n, engaged in transaction n an employer whose e	ns (including loans) with mployees your organi	, or derived ir ization repre	come or other ecc	nomic benefit of seeking to repre	sent.		
6. Name and address of Employer (including trade name, if any).				7.a. Nature of Interest, Transaction, or Income.				
Name							op.mc/u/coocd/vote++avc	
Trade Name, if any:							MEGARIPATA PARAMETER PARAM	
P.O. Box, Bldg., Room No., if any								
Street			7.b. Am	ount.				
City			entrative de constitution de c	grand and an angle of the second and an angle of the second and an analysis of the second analysis of the second and an analysis of the second analysis of the second and an analysis of the second and an analysis of t				
State	ZII	P Code + 4						
			Signature					
submitted in this rep	verification. The undersign ort (including the information edge and belief, true corre	n contained in any accom-	panying docum	ents), has been exa	mined by the signat	that all of the informatic ory and is, to the best c	on of the	
Signed 1105/2.			On .	08/15/2005	4233227002			
				Date	Te	elephone Number		
Form LM-30 (2003)							Page 1 of 2	